

NEED SOME HELP FIXING MINOR HOME REPAIRS?



PLEASE ANSWER EVERY QUESTION, OR YOUR APPLICATION WILL BE RETURNED TO YOU

		OFFICE USE ONLY
(1) Applicant: _____ Co-Applicant: _____		ID# _____
(2) Address: _____ _____ _____ City State Zip Code _____ Mailing Address		Date App Received _____ Area Code _____ OPR# _____ Input Date _____ REP _____
(3) Applicant's Social Security # ____ - ____ - ____	Co-Applicant's Social Security # ____ - ____ - ____	
(4) What is the age of the head of your household? (please list date & check only one box) Applicant's Birth Date: ____/____/____ 1 <input type="checkbox"/> Under 18 years 2 <input type="checkbox"/> 18 to 24 years 3 <input type="checkbox"/> 25 to 44 years 4 <input type="checkbox"/> 45 to 59 years 5 <input type="checkbox"/> 60 to 64 years 6 <input type="checkbox"/> 65 or older		
(5) Yearly gross income \$ _____		
(6) If you have grant income, is it: 1 <input type="checkbox"/> Old Age Security 2 <input type="checkbox"/> Aid to Totally Disabled 3 <input type="checkbox"/> Aid to the Blind 4 <input type="checkbox"/> AFDC 5 <input type="checkbox"/> Social Security (SSI) 6 <input type="checkbox"/> Combination of Several		
(7) What is the sex of the head of your household? 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female		
(8) Marital Status: 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Separated 3 <input type="checkbox"/> Unmarried		
(9) What is the race/ethnicity of the head of your household? (please check only <u>one</u> Race box, <u>one</u> Ethnicity box & <u>one</u> Language box) (a) Race: 1 <input type="checkbox"/> White 4 <input type="checkbox"/> Asian 8 <input type="checkbox"/> Black/African American & White 2 <input type="checkbox"/> Black/African American 5 <input type="checkbox"/> Native Hawaiian/Other Pacific Islander 9 <input type="checkbox"/> Amer. Indian/Alaskan Native & Black/African Amer. 3 <input type="checkbox"/> American Indian/Alaskan Native 6 <input type="checkbox"/> Amer. Indian/Alaskan Native & White 10 <input type="checkbox"/> Balance/Other 7 <input type="checkbox"/> Asian & White (b) Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic (c) Language: 1 <input type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> Other		
(10) Is the head of the household handicapped or disabled and receiving disability payments? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(11) Are you an owner-occupant of the property to be repaired? <input type="checkbox"/> Yes <input type="checkbox"/> No 1 <input type="checkbox"/> Less than 1 year 2 <input type="checkbox"/> 1 to 5 years 3 <input type="checkbox"/> Over 5 years 4 <input type="checkbox"/> Not an owner-occupant		
(12) Total number of persons in household: _____		
(13) How did you first hear of this program? (please check only one box) 1 <input type="checkbox"/> Referral from Public Housing waiting list 6 <input type="checkbox"/> Radio 2 <input type="checkbox"/> Referral from another agency 7 <input type="checkbox"/> Printed Pamphlet 3 <input type="checkbox"/> Friend or relative 8 <input type="checkbox"/> Community Bulletin Board 4 <input type="checkbox"/> TV 9 <input type="checkbox"/> At a Meeting 5 <input type="checkbox"/> Newspaper 10 <input type="checkbox"/> Other (specify) _____		
(14) What year was your house built? _____ What year did you buy it? _____		
(15) Have you ever had this service before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS CORRECT AND ACCURATE		
_____ Applicant's Signature	_____ Co-Applicant's Signature	_____ Date



REPAIR SERVICE PROGRAM FOR SENIOR HOMEOWNERS

HOMEOWNERS

Enrolled in this program will receive a **ONE TIME GRANT** in the form of **LABOR & MATERIALS** for the purpose of making minor repairs to their homes. (*Unable to provide assistance with swamp coolers or air conditioners*).

LEAD BASED PAINT NOTIFICATION

Effective September 15, 2000, work involving unstable Lead Based Paint or work disrupting Lead Based Paint must adhere to HUD regulations. This may involve the homeowner vacating the premises and removal of furnishings, at owner's expense, until a clearance has been obtained.

GRANTS

Are available throughout the County of San Bernardino and all cities, **EXCLUDING THE CITIES** of Chino, Chino Hills, Fontana, Hesperia, Ontario, Rancho Cucamonga, Rialto, San Bernardino, Victorville, Upland, or the Town of Apple Valley. Upon completion send application to:

**DEPARTMENT OF COMMUNITY DEVELOPMENT AND HOUSING
290 NORTH "D" STREET, 6TH FLOOR
SAN BERNARDINO, CA 92415-0040
(909) 388-0925**

TO BE ELIGIBLE YOU MUST

1. Be an owner occupant of a single-family dwelling or mobile home at the time of application and have lived in the property for the last 12 consecutive months or more and the **HOME IS NOT FOR SALE**; and
2. Be an individual of 60 years of age or older, or permanently disabled, or a permanently disabled member from the immediate family residing full time in the residence; and
3. Have a maximum total family income (including all members of the household and all sources of income) of no more than

1 Person Household	\$33,150 Annual Gross Income
2 Person Household	\$37,900 Annual Gross Income
3 Person Household	\$42,600 Annual Gross Income
4 Person Household	\$47,350 Annual Gross Income



EQUAL HOUSING
OPPORTUNITY